

WHAT WORKS: *Workplaces Without Alcohol and Other Drugs*

U.S. Department of Labor



October 1991
Reprinted 1994

I guess you could call me a thief—I was stealing time from the company.

Anonymous small business employee
in recovery from chemical dependency

Creativity is the name of the game in the world of publications and public relations. So for me, confronting any drug or alcohol problem head on, and then helping the worker lick it, is not only the human thing to do, but it's also a wise business strategy.

Shirley Sirota Rosenberg, President, S.S.R., Incorporated

America does not have a crime problem. America does not have a problem of job absenteeism and low productivity. America does not have a teenage pregnancy problem. America does not have a problem of broken homes and marriages. America has an alcohol and drug problem.

George Gallup, Jr., National Pollster

Employee assistance programs are an effective cost management tool for meeting the unique challenges of our complex society. Not only do they help to reduce claims related to psychiatric, drug, or alcohol problems, but they also protect employers' investment in personnel by promoting better health, increased productivity, lower absenteeism, and improved employee morale.

Charles E. Soule, President, Paul Revere Insurance Group

Introduction

Contents

Preface	v
Alcohol and Other Drugs in the Workplace: Are They a Problem?	1
Alcohol and Other Drugs in the Workplace: How Can We Tell?	3
Alcohol and Other Drugs in the Workplace: What Can We Do?	5
Substance Abuse Policy	6
Employee Education and Awareness Program	7
Supervisor Training	8
Employee Assistance Program	9
Drug Testing	12
Alcohol and Other Drugs in the Workplace: Conclusion	15
Appendixes	
A. Workplace Substance Abuse Policy Models	17
B. Employee Assistance Program Models	29
C. Legal Issues on Drug Testing	49
D. Drug Fact Sheets	55
E. Resources	65

Until recently, substance abuse has been viewed as either a health problem or a law enforcement problem. It has not been seen as an issue that needed to be addressed in the workplace. However, substance abuse is a workplace problem because it affects employee health and safety, productivity, and health care costs. Furthermore, the workplace has tremendous potential to educate employees and to assist substance abusers in seeking help.

Given the importance of the workplace in the fight against substance abuse, the Department of Labor believes that the workplace should assume a leadership role. Every workplace in the Nation should be encouraged to voluntarily establish a comprehensive substance abuse program. Although we recognize that such a goal is an "ideal," particularly for small businesses, it serves to keep the focus on what we believe is the most effective action that employers can take to deal with the problem of substance abuse.

A comprehensive substance abuse program typically consists of five components: a written substance abuse policy, an employee education and awareness program, a supervisor training program, an employee assistance program, and a drug testing program, as appropriate. Any substance abuse initiative, however, must be designed to meet the specific needs and culture of the individual workplace. Therefore, the Department of Labor is not in a position to, and does not, endorse any specific programs.

"WHAT WORKS: Workplaces Without Alcohol and Other Drugs" should be required reading for those concerned about substance abuse in the workplace. It offers suggestions to executives, supervisors, employee representatives, and workers on ways they can contribute to ridding the workplace of substance abuse. Examples of effective workplace substance abuse policies and employee assistance programs (EAPs) are included, as are the names and phone numbers of resources that can assist in achieving workplaces free from substance abuse.

The next few years will be critical to the future economic well-being of this country. We cannot sit idly by and allow substance abuse to sap the strength and creativity of America's most valuable resource: its workers. Your willingness to respond in a positive manner by establishing a workplace substance abuse program is to be commended.

Alcohol and Other Drugs in the Workplace: Are They a Problem?

Substance abuse is a serious workplace problem. The National Institute on Drug Abuse reports that approximately 68 percent of all illegal drug users are employed either full- or part-time. The National Institute on Alcohol Abuse and Alcoholism reports that 1 in every 10 people in this country has an alcohol problem.

People don't check their substance abuse problems at the door when they enter the workplace. Workers who use alcohol and other drugs affect everyone. In fact, studies show that compared to alcohol- and drug-free workers, substance abusers—

- Are far less productive
- Miss more workdays
- Are more likely to injure themselves or someone else
- File more workers' compensation claims.

It is even more difficult to put a price tag on low morale and impaired judgment in decision making at work caused by substance abuse. Nor is it easy for an organization to figure the costs of pilfering, high turnover, recruitment, and training. No one knows exactly how much is being lost in this way because of undetected or untreated substance abuse. The measurable dollar costs of workplace substance abuse from absenteeism, overtime pay, tardiness, sick leave, insurance claims, and workers' compensation can be substantial. However, the hidden costs resulting from diverted supervisory and managerial time, friction among workers, damage to equipment, and damage to the company's public image mean that workplace substance abuse can further cut profits and competitiveness.

Nobody wants to believe that a friend or an employee has a substance abuse problem. Subtle changes in behavior may be written off or not recorded because no one knows how or wants to confront the problem. But when behaviors or attitudes that diminish work performance are ignored or excused, workers who are harmfully involved with alcohol or other drugs are allowed to continue to be a risk to themselves and their coworkers.

To dismiss all of these as "the cost of doing business" is to accept a norm that does not have to be accepted. Refusal to admit the possibility that alcohol or other drug use might exist at a worksite could also be a missed opportunity to help an employee. If there is a problem, ignoring it will not make it go away. Drug and alcohol problems do not usually get better if left alone: They get worse.

Alcohol and Other Drugs in the Workplace: How Can We Tell?

Everyone knows the image of the stereotypical alcoholic or drug abuser. Unfortunately, the stereotype often serves to blind us to the existence of a coworker's drug or alcohol problem. Not all people with a substance abuse problem fit the stereotype.

Given the fact that alcohol and other drug problems are not obvious in early- or middle-stage users, individuals and organizations may wish to reexamine their assumption that they have no workplace substance abuse problems.

In an effort to determine whether an organization has a substance abuse problem or the potential for developing a problem, the following steps can be taken:

- Identify organizational indicators of substandard performance such as increases in accidents, theft and property losses, security breaches, benefits utilization, absenteeism, training costs, and workers' compensation claims.
- Call together representatives of key units within the organization such as occupational safety and health, security, employee benefits, personnel, and the employee assistance program (EAP) to get a companywide sense of the problem. Employee representatives should be part of the process.
- Obtain national, State, or local statistics gathered by substance abuse agencies (health or law enforcement), medical or health societies, hospitals or treatment facilities, chapters of the National Council on Alcoholism and Drug Dependency, and business and industry or trade organizations.
- Gather workers' views, formally or informally, as to whether alcohol and other drug use is present and whether it is undermining health, safety, security, or other aspects of work activity.
- Compare hard data with subjective views to get some idea of the productivity toll exacted by alcohol and other drugs.

Substance Abuse Policy

Top management support is critical. Developing and publishing a clear and comprehensive substance abuse policy is essential. A written policy lets employees—and job applicants—know that the commitment to a drug- and alcohol-free workplace is strong and serious.

Employee representatives and **management** share the goal of a safe, secure, and healthful workplace. An employee with an alcohol or drug problem poses a difficult problem for both the employee representative and the supervisor. A joint labor-management alcohol and other drug policy can set the stage for joint solutions that can be the most successful. If management does not take the initiative, **employee representatives** can propose a workplace substance abuse policy and joint program as an item for collective bargaining.

Equally important to the success of the policy are the support and inclusion of **employees** from all levels and sectors of the organization. Even in the absence of a company policy, **employees** can agree among themselves as to what behaviors are unacceptable—what behaviors jeopardize health, safety, and security at the worksite—and confront employees exhibiting these behaviors. **Employees** can let new hires know that a workplace free of substance abuse is the organizational norm.

A substance abuse policy needs to be tailored to each specific workplace. All existing policies, agreements, and relevant laws concerning the work force should be reviewed to identify changes that need to be made so that they are consistent with the workplace substance abuse policy. For example, it may be necessary to change a company's existing rules of conduct that apply to use of alcohol at company-sponsored activities.

Regardless of the impetus for establishing the substance abuse policy, the policy could do the following:

- Integrate the ideas of corporate interest and employee well-being by stating the company's concern for workers and dependents whose substance abuse adversely affects both job performance and the well-being of self, family, and coworkers.
- State the unacceptability of alcohol or other drug use on the job or that affects work performance.
- Define what constitutes an infraction of work policy in regard to substance abuse and describe the consequences.
- Outline policy on use of alcohol at company-sponsored activities.
- Provide training for supervisors and employee representatives and education and outreach for the work force.
- Recognize that alcohol and other drug problems are treatable and identify company or community resources where employees with problems can get help.

- Describe the responsibility of an employee with an alcohol or other drug problem to seek and complete treatment.
- Make clear that participation in an employee assistance program, if one is available, is confidential and will not jeopardize employment or advancement, but that participation will not protect employees from disciplinary action for continued unacceptable job performance or rule violations.
- State your position on drug testing and, if you test, the consequences of a positive test result.

The workplace substance abuse policy should take effect only after it has been thoroughly explained to all employees. It may be a good idea to have each employee acknowledge in writing that he or she has received a copy of the policy. The policy must be applied fairly and consistently to all employees.

Employee Education and Awareness Program

In order to deal effectively with workplace drug and alcohol abuse, **top management** must become knowledgeable about alcohol and other drugs. Local business or industry associations can be encouraged to sponsor education seminars on workplace drug and alcohol abuse so that top management can learn from presentations by other employers how to develop effective programs.

Education and awareness programs can vary widely from one workplace to another; no one program is right for all organizations. **Top management** must provide an education and awareness program for its employees that meets the specific needs of the organization. As a minimum, the program should include—

- Information on how alcohol and other drugs actually affect the company's productivity, product quality, absenteeism, health care costs, or accident rates
- The workplace substance abuse policy and consequences of using alcohol and other drugs—on or off the job
- Information on the health effects of alcohol and other drugs—both illegal and prescription
- Information about how to get help with alcohol and other drug problems, including a description of services available to help employees
- A thorough explanation of testing procedures—if employee testing is part of the program—with special attention to the consequences of testing positive and procedures for ensuring accuracy and confidentiality.

An often overlooked but equally important function of an education and awareness program is serving as a source of information and assistance to the nonusing worker who is directly or indirectly affected by the substance

abuse of another. No other institutional setting in our society can reach so many adults.

To be effective, an education and awareness program must be an ongoing program rather than a one-time effort. As new employees are hired, they can be briefed on the substance abuse policy and made aware of the education and awareness program. Current employees will benefit from reinforcement and new information through an ongoing effort.

Employee representatives who want to take the initiative on the issue of workplace alcohol and other drug abuse can suggest cooperative education and prevention activities to top management.

Individually, they can survey members about their knowledge of alcohol and other drugs and arrange for guest speakers on drug awareness, calling on local alcohol and drug councils, law enforcement officials, chemical dependency treatment facilities, and self-help groups. They can include informational presentations at meetings and see that appropriate materials, including information on how to get help, are distributed to members. Activities that reinforce safe and healthful work behaviors and attitudes can be promoted to help members remain or become drug and alcohol free.

Employees can take the initiative to increase their knowledge about alcohol and other drugs and their effects. They can organize informal peer networks to inform other workers about alcohol and other drugs and devise nondisruptive workplace reminders such as stickers, small posters, news about upcoming media events, and magazine or newspaper articles to promote a drug- and alcohol-free workplace. Employees can even organize brown-bag lunch meetings in which parents can learn how to recognize signs of substance abuse among their children and invite discussions with local health resources that provide alcohol and other drug abuse treatment services.

Supervisor Training

Supervisors are the key players in implementing a substance abuse policy. **Top management** must be sure that **supervisors** understand the policy, are able to explain it to the employees, and can take action when necessary.

Supervisors have a legitimate right to initiate corrective actions when a worker's performance begins to decline. If it appears that personal problems—including the possibility of substance abuse—may be impacting performance, the use of constructive confrontation is one of the most effective ways known to get an employee to seek help. Confronting a worker about a performance problem can be constructive when a caring but firm attitude on the part of the supervisor is coupled with a referral to an appropriate source from which the employee can receive help for any personal problem. However, the supervisor's responsibility for monitoring job performance does *not* extend to diagnosing and resolving the personal problem.

As the result of training, **supervisors** will be able to—

- Develop and communicate objective job performance standards so that deteriorating performance can be documented.
- Observe and document incidents and examples of unsatisfactory work performance or behavior.
- Talk to employees about work problems, understand whether inadequate equipment or training are causing or contributing to the problems, and explain what needs to be done to correct the problems.
- Set appropriate time limits for improvement and emphasize that lack of improvement in job performance or behavior could lead to corrective action that may result in termination.
- Inform the employee of the availability of assistance for personal problems and encourage the use of these resources, making clear to the worker that if the problem is personal, it is the employee's responsibility to take care of it.
- Initiate procedures to have employees tested if your company has a drug testing program.
- Help workers reenter the workplace after treatment for an alcohol or other drug problem.

Other topics that may be included in a supervisor training program include—

- Prevention and education strategies
- Background on drug testing issues and how the drug testing program is separate from and does not adversely affect the confidentiality of an employee assistance program
- Information on specific drugs
- Physiological and psychological aspects of drug and alcohol addiction
- Methods of detecting drug and alcohol use
- Laws regarding drug possession, use, and trafficking.

Supervisor training may take several forms, including seminars, films, videotapes, lectures, or printed materials. The sessions may be conducted by top management, an outside consultant, another qualified person, or any combination of these. Training is best offered to all supervisors. As with a substance abuse policy, a supervisor training program must be designed to meet the specific needs of each individual workplace.

Employee Assistance Program

An employee assistance program is a cost-effective, job-based program to help employees whose personal problems are affecting their work performance. Employee problems may be related to alcohol or other drug

abuse, marital and family difficulties, financial or legal troubles, or emotional or mental disorders, among others. EAPs help identify and resolve employees' problems by providing various forms of confidential short-term counseling, referral, and followup services.

Corporations are turning increasingly to employee assistance programs to deal with employees' substance abuse problems. There are over 10,000 EAPs in operation across the country. All sizes and types of employers have instituted EAPs because an EAP can help save money in terms of less absenteeism, fewer accidents, decreased use of medical and insurance benefits, savings in workers' compensation claims, fewer grievances and arbitrations, and fewer employee replacement costs. An EAP reinforces three important ideas:

1. Employees are a vital part of a business and valuable members of the team.
2. It is better to offer assistance to employees experiencing personal problems than to discipline or fire them.
3. Recovering employees become productive and effective members of the work force.

An EAP can also provide other components of a comprehensive workplace substance abuse program such as supervisor training and employee education and awareness.

Almost any company can provide EAP services for its employees. Many companies, unions, and other organizations can establish their own programs at the worksite. Some organizations may find it easier to "buy" EAP services from an outside EAP provider. Smaller companies may join with other companies in a consortium or cooperative arrangement, or work with a local business or trade association to start an EAP for its membership.

Top management is the prime mover in launching an EAP and maintaining its credibility and usefulness. By establishing a team of key personnel, including **supervisors, employees, and employee representatives**, **top management** can give the EAP high visibility and promote its smooth integration and acceptance within the organization.

To start an EAP, **top management** should seek EAP program expertise. Program and procedural guidance and advice can be obtained from occupational program consultants from the alcohol/drug directors in State governments, usually located in the State capitol, or from other resources listed in Appendix E. Before announcing an EAP, **top management** should—

- Review worker insurance packages to determine if alcohol and other drug abuse treatment services are included.
- Allocate funds necessary to initiate and maintain the EAP.
- Assure a private location for the EAP.

- Establish recordkeeping procedures that assure confidentiality.
- Include provisions for program evaluation.

Top management should prepare a letter announcing the EAP and send it to each employee and family. The letter should, at a minimum—

- Identify the EAP as a mechanism to help workers and their families who have personal problems.
- Specify eligibility for using the EAP.
- Explain the relationship of an EAP to other organizational components, including the roles and responsibilities of various personnel in the organization.
- Make clear that participation in an EAP will not jeopardize future employment or advancement nor will it protect workers from disciplinary action for continued substandard job performance or rule infractions.
- Outline procedures for supervisory and union referrals, voluntary referrals, and peer referrals.

Employee representatives can explore the possibility of a joint program with top management. Or **employee representatives** can start their own assistance program or join with other employee groups to start a program. When the EAP concept is implemented by a union or other employee group for its members, the designation becomes MAP—member assistance program. **Employee representatives** can contact groups that have experience with MAPs or EAPs to get information on starting a program or retain an MAP or EAP professional for consultation on starting a program.

With or without a company or union EAP, **employees** have the ability to inform coworkers about alcohol and other drugs, confront users with their unacceptable work behaviors, provide referral information, and support those who are becoming drug and alcohol free. In many occupations and organizations, **employees** are often the first to notice a change in a coworker's behavior or attitude, and personal problems can thereby be spotted and addressed in the early stages before serious job performance problems develop. **Employees** can also ease the way for coworkers who are recovering from substance abuse, going the extra mile on and off the worksite.

Perhaps the most important thing to remember is that each organization has its own unique characteristics, dynamics, and culture. Although it is useful to compare notes with others, each work force may have some special characteristics that an EAP must accommodate: high turnover, assorted shifts, predominantly one gender or minority group, merger and acquisition issues, or considerable decentralization.

No matter what the special requirements of the work force, an EAP can be designed to fit those needs. Ultimately, however, the success of the

EAP will depend on the quality of the staff and the commitment of those responsible for its operation. And finally, it must be kept in mind that an EAP will take time to set up and become effective; it is not a "quick-fix" solution. Yet, for the companies who have taken the time and effort to set up an EAP, the results have been worth it.

Drug Testing

Employers have both a right to expect and an obligation to promote a healthful, safe, and productive workplace. Because the use of alcohol and other drugs by workers can adversely affect these interests, some form of drug testing (which can deter as well as detect drug use and facilitate rehabilitation) may be appropriate.

Starting a drug testing program is not a simple process. A testing program must be developed in accordance with relevant legal requirements (which vary in their application to particular workplaces), for instance, disability discrimination provisions and collective bargaining requirements. Additional information on these issues can be found in Appendix C. In view of the complexity of these issues, **top management** will probably want to consult a lawyer who knows about drug testing before developing a program.

In addition to legal considerations, **top management** will need to make many policy decisions about how a program will be set up and operate. Some questions that will need to be answered include the following:

- Who will be tested? (Only applicants? All employees? Only employees in "safety sensitive" positions?)
- When will testing be done? (After all accidents? Only after some accidents? When an employee behaves abnormally? On a random basis? As part of a routine physical examination?)
- For what drugs will testing be done? (Only for marijuana and cocaine because they are the most commonly used illegal drugs? For all illegal drugs? For alcohol? For prescription drugs that may affect work performance?)
- How frequently will testing be done? (Weekly? Monthly? Annually?)
- What action will be taken if an applicant tests positive? (Refuse to hire? Tell the applicant why he or she is not being hired? Allow the applicant to be retested? Allow the applicant to reapply after a set time period or after determining that he or she is drug free?)
- What action will be taken if an employee tests positive? (Fire all employees who test positive? Refer employees to counseling and treatment after the first positive but fire after the second? Allow employees more than one chance to be rehabilitated before firing?)
- What tests will be used and what procedures will be followed to ensure reliability? (How will specimens be collected, identified, and

tracked? How will a laboratory be selected? Will a confirmation test be used? Will a physician with appropriate training review and interpret positive test results?)

- What precautions will be used to protect an individual's privacy and the confidentiality of test results? (Under what circumstances, if any, will specimen collection be observed? Who will have access to test results?)

Top management must assure that any drug testing program is fair and accurate and that it protects the rights and dignity of the employees. Although drug testing is generally reliable, inaccurate results may occur in the absence of rigorous procedural and technical safeguards. The Department of Health and Human Services (HHS) has developed and published "Mandatory Guidelines for Federal Workplace Drug Testing Programs" (*Federal Register*, Vol. 53, No. 69, 4/11/88), which set standards in this regard. Any employer contemplating a drug testing program is urged to adhere to these guidelines to assure employees and applicants are afforded all possible safeguards. The HHS publication "Model Plan for a Comprehensive Drug-Free Workplace Program" also may be useful and can be adapted to accommodate the specific needs of particular worksites and work forces. Both publications are available from the National Clearinghouse for Alcohol and Drug Information (see Appendix E).

Top management should undertake a drug testing program only as part of a *comprehensive* drug-free workplace program—that is, one that includes a written policy statement, an employee education and awareness program, supervisor training, and an EAP. In sum, drug testing is one of several useful tools that can assist in the prevention and diagnosis of substance abuse, but only as part of a larger agenda—and it must be formulated in accordance with workplace needs and conducted using systematic, reliable, and confidential methods.

There are no simplistic solutions to the complex problem of alcohol and other drugs in the workplace, and no single approach to workplace substance abuse will meet the needs of every organization. Every person in the workplace can take an active part in fighting workplace substance abuse. The more people who are involved, the more successful the effort will be.

Across America, efforts are underway to rid workplaces of the presence and effects of substance abuse. In each case a little knowledge and a lot of commitment got the effort started. The realization of the benefits from doing so have kept the effort going.

Alcohol and Other Drugs in the Workplace: Conclusion

Sample 1: Corporate Policy on Drug and Alcohol Abuse

Statement of Need

(Company A) has a strong commitment to the health, safety, and welfare of its employees, their families, and its customers. Widely available statistics and information establish that the incidence of drug and alcohol abuse is increasing and that the effect is devastating to lives, business, and the community at large. (Company A) is concerned that due to the potential for abuse among some of our employees, the safety of our employees and the general public could be endangered. Our commitment to maintaining a safe and secure workplace requires a clear policy and supportive programs relating to the detection, treatment, and prevention of substance abuse by employees.

Goal

It is the goal of (Company A) to provide a safe workplace by eliminating the hazards to health and job safety created by alcohol and other drug abuse. We believe this goal to be in the best interest of our employees, our customers, and our stockholders.

Scope

This policy applies to all employees of the Company while on the job and to situations where an employee's off-the-job or off-premises conduct impairs work performance or undermines the public confidence in, or harms the reputation of, (Company A). It is also intended to apply to employees of firms doing business with the Company while on our premises.

Although the Company has no intention of intruding into the private lives of its employees, we recognize that involvement with alcohol or other drugs off the job eventually takes its toll on job performance. Our concern is to assure that employees report to work in condition to perform their duties safely and efficiently in the interest of their fellow workers and customers as well as themselves.

Policy Statement

1. The Company will not tolerate or condone substance abuse. It is the policy of (Company A) to maintain a workplace free from alcohol and other drug abuse and its effects.
2. It is the policy of (Company A) that employees who engage in the sale, use, possession, or transfer of illegal drugs or controlled substances, or who offer to buy or sell such substances; the use of alcohol during work hours; or the abuse of prescribed drugs will be subject to disciplinary action up to and including termination.
3. It is the policy of (Company A) to commit the resources necessary to achieve and maintain a drug- and alcohol-free environment.

(Company A) expects the full support of this policy by all employees and all persons doing business with the Company.

Procedure

To provide a safe drug- and alcohol-free working environment, the Company will—

1. Establish definitive rules and regulations.
2. Provide increased awareness through training, education, and communication on the subject of alcohol and other drug abuse.
3. Recognize that there may be employees who have an alcohol or other drug problem and stand willing to assist in the resolution of that problem by encouraging employees to seek help through employee assistance programs.

In addition, the Company may take any or all of the following actions:

1. Conduct alcohol and other drug screening tests both prospective to and during employment.
2. Inspect persons and their property in our employ or doing business with the Company.
3. Cooperate with outside law enforcement agencies.
4. Take any other actions deemed necessary and appropriate by the Company.

Company Responsibility

As a responsible employer and member of the community, the Company will—

1. Create an awareness in employees and their families of the impact of substance abuse.
2. Administer programs that consider employee rights, are positive in their intent, and are within legal boundaries.
3. Support the establishment of programs to assist employees with alcohol and other drug abuse or dependency problems.
4. Utilize all channels and resources available to it to educate and increase the awareness of employees and the general public.
5. Support local and national efforts to combat alcohol and other drug abuse and its effects.

Employee Responsibility

(Company A) believes that each employee has the responsibility to—

1. Report to work at all times free of alcohol or other drugs and their effects.

2. Participate in and support Company-sponsored drug and alcohol education programs.
3. Seek and accept assistance for alcohol and other drug abuse related problems before job performance is affected.
4. Support Company efforts to eliminate alcohol and other drug abuse among employees where it exists.

Implementation

Each division, subsidiary, or affiliate of (Company A) will be responsible for establishing and implementing detailed policy and procedures, specific to its needs, in support of this policy. Each of these policies is subject to central review for consistency with the corporation's policy.

Responsibility for interpretation of the corporation's policy falls to the corporate human resources department.

Corporate Policy on Employee Assistance Programs

Statement of Need

(Company A) has a strong commitment to the health, safety, and welfare of its employees, their families, and its customers. The Company recognizes that a variety of personal problems, such as emotional distress, family problems, alcoholism, and drug abuse, can be devastating to lives, business, and the community at large. Most people solve their problems either on their own or with the advice of family and friends; however, (Company A) recognizes that sometimes people need professional advice.

Goal

It is the goal of our Company to establish an employee assistance program to help and encourage those employees in need of professional assistance to use it.

Scope

This program applies to all employees and their eligible dependents who are covered under any of the various health and welfare programs to which the Company contributes.

While the Company has no intention of intruding into the private lives of its employees, we recognize that personal problems may eventually take their toll on job performance. Our concern is to assure that employees report to work in condition to perform their duties safely and efficiently in the interest of their fellow workers, themselves, and our customers.

Policy Statement

1. It is the policy of (Company A) to establish, implement, and support employee assistance programs that will assist employees and their eligible dependents to resolve problems, such as emotional distress, family problems, alcoholism, and drug abuse, recognizing these problems may adversely affect employees' personal health, family, and job performance.
2. It is the policy of (Company A) to commit the resources necessary to support the employee assistance program.
3. This policy will not exempt employees from job performance requirements.

Procedure

(Company A's) employee assistance program will operate within the following framework:

1. Employees' current jobs and future advancement will not be jeopardized by using the EAP's services.
2. As with all health and personnel documents, the EAP's records will be maintained in a confidential manner.
3. Where applicable and available, sick leave may be used for treatment and rehabilitation on the same basis as for other health problems.
4. Supervisors and managers are responsible for confronting employees about unsatisfactory as well as acceptable but deteriorating performance, and referring such employees to the EAP when appropriate.
5. Employees will be responsible for correcting unsatisfactory performance and maintaining acceptable performance.

Implementation

Each division, subsidiary, or affiliate of (Company A) will be responsible for establishing and implementing detailed policy and procedures, specific to its needs, in support of this policy. Each of these policies is subject to central review for consistency with the corporation's policy.

Responsibility for interpretation of the corporation's policy falls to the corporate human resources department.

Sample 2: Drug-Free Policy of (Company B)

Purpose

The purpose of this procedure is to institute and maintain a program for achieving the objective of a drug-free work force and to provide a workplace that is free from the illegal manufacture, distribution, dispensation, possession, sale, and use of illegal drugs.

Scope

This document describes the current policy and practice of (Company B) and its subsidiaries and will be interpreted, administered, and amended by (Company B) within its sole discretion. This procedure is not intended to and does not confer legal rights or impose legal obligations.

This policy covers all applicants (including rehires) and current employees (including temporary employees).

Organizational Units Affected

All U.S. (locations), including subsidiaries, are affected. International activities are encouraged to comply insofar as practical except where laws or Government regulations take precedence.

Definitions

- A. The term *illegal drug* means drugs and controlled substances, the possession or use of which is unlawful, pursuant to the laws of any country and Federal, State, and local laws and regulations in the United States.

Drugs and controlled substances that are not legally obtainable, or that are legally obtainable but have not been legally obtained, are considered to be illegal drugs. Examples include street drugs such as cocaine, heroin, marijuana, and phencyclidine and controlled substances such as amphetamine, methamphetamine, and barbiturates.

- B. The term *controlled substance abuse* includes prescribed drugs not being used for prescribed purposes or in a prescribed manner.

Policy Objectives

(Company B) values its employees and recognizes their need for a safe and healthy work environment. Establishment of a drug-free policy is consistent with (Company B's) desired culture and is in the best interests of (Company B). The use of illegal drugs and controlled substance abuse, on or off duty, is inconsistent with the law-abiding behavior expected of all citizens. In addition, illegal drug use and controlled substance abuse

inflict a terrible toll on the Nation's productive resources and the health and well-being of American workers. Employees who use illegal drugs or engage in controlled substance abuse on or off duty tend to be less productive, less reliable, and prone to greater absenteeism, resulting in the potential for increased cost, delay, and risk in the Company's business. Employees of (Company B) have the right to work in a drug-free environment. For these reasons, (Company B) will not tolerate illegal drug use, sale, or possession, or controlled substance abuse by its employees.

(Company B) is committed to maintaining a safe workplace free from the influence of illegal drugs and controlled substance abuse. In addition, (Company B) will comply with the requirements of the Drug-Free Workplace Act of 1988, the drug-free work force rules promulgated by the U.S. Department of Defense, U.S. Department of Transportation, and all other Federal agencies as well as all other Federal, State, and local laws and regulations.

Policy

It is (Company B's) policy to achieve a drug-free work force and to provide a workplace that is free from the use of illegal drugs and controlled substance abuse. The manufacture, distribution, dispensation, possession, sale, or use of illegal drugs by (Company B's) employees, on or off company property, is prohibited.

Drug-Free Awareness Program

To assist employees in understanding and avoiding the perils of illegal drug use and controlled substance abuse, (Company B) will provide a comprehensive drug-free awareness program. The Company will use this program in an ongoing educational effort to prevent and eliminate illegal drug use and controlled substance abuse. The drug-free awareness program will inform employees about—

- A. The dangers of illegal drug use and controlled substance abuse
- B. (Company B's) Drug-Free Policy
- C. The availability of treatment and counseling for employees who voluntarily seek such assistance
- D. The sanctions (Company B) will impose for violations of its Drug-Free Policy.

Supervisors and other appropriate personnel will be trained in drug abuse recognition and the Company's procedures for handling and assisting employees who are subject to the effects of illegal drug use or controlled substance abuse.

Assistance in Overcoming Illegal Drug Use or Controlled Substance Abuse

Early recognition and treatment of illegal drug use or controlled substance abuse is important for successful rehabilitation, return to productive work, and reduced personal, family, and social disruption. (Company B) encourages the earliest possible diagnosis and treatment for illegal drug use or controlled substance abuse. The Company supports sound treatment efforts. Whenever feasible, and subject to the limitations described here, (Company B) will assist employees in overcoming illegal drug use or controlled substance abuse. However, the decision to seek diagnosis and accept treatment for illegal drug use or controlled substance abuse is primarily the individual employee's responsibility.

Self-Referral. Employees with personal drug or controlled substance abuse problems should request assistance from (Company B's) medical department or employee assistance program. Assistance will be provided on a confidential basis, and each employee will be referred to the appropriate treatment and counseling services. Employees who voluntarily request assistance, through the medical department or employee assistance program, in dealing with drug or controlled substance abuse problems may do so without jeopardizing their continued employment with (Company B).

Company Referral. Employees who test positive for illegal drug use or controlled substance abuse and who are referred, at Company request, for counseling or treatment will be limited to one opportunity for counseling or treatment to cease the use of illegal drugs. A second positive test for the use of illegal drugs will result in immediate termination. Employees terminated for this reason will be ineligible for rehire.

Employees who are referred for any other reason, at Company request, for counseling or treatment will be limited to one opportunity for counseling or treatment to cease the use of illegal drugs. Any positive test for the use of illegal drugs following treatment and counseling will result in immediate termination. Employees terminated for this reason will be ineligible for rehire.

Special Considerations. All Company-requested employee treatment and counseling will require, at a minimum, that the employee immediately cease any illegal drug use and controlled substance abuse and that the employee be subject to periodic unannounced testing for an 8-month period following enrollment in the program. Undergoing treatment or counseling for the first time will normally not jeopardize

an employee's employment. However, (Company B) is required in certain situations to report an employee's involvement with drug use or controlled substance abuse to Government agencies concerned with national security, health, and safety. In these situations, (Company B) may be required to remove the employee from a position involving national security, health, safety, or confidential matters. If other work cannot be found, the employee will be terminated.

Authorized Use of Prescribed Medicine

An employee undergoing prescribed medical treatment with any drug or controlled substance that may impair his or her physical or mental ability should report this treatment to the Company's medical department, which will determine whether the Company should temporarily change the employee's job assignment during the period of treatment.

Alcohol Use or Possession on Company Premises

The use, possession, sale, or distribution of alcohol on Company premises, or in Company-supplied vehicles, whether during working hours or nonworking hours, is prohibited and constitutes a violation of policy. Such action will be handled pursuant to the Company's policy on work performance and conduct.

Employees who desire help with an alcohol-related problem may request assistance through (Company B's) medical department or the employee assistance program. Assistance will be provided on a confidential basis, and each employee will be referred to the appropriate treatment and counseling services. Employees who voluntarily request assistance, through the medical department or employee assistance program, in dealing with alcohol-related problems may do so without jeopardizing their continued employment with (Company B).

Prohibitions

(Company B's) policy prohibits the following:

- A. Use, possession, manufacture, distribution, dispensation, or sale of illegal drugs whether on or off company premises and whether during working hours or nonworking hours
- B. Controlled substance abuse whether on or off Company premises and whether during working hours or nonworking hours
- C. Storing any illegal drug in a locker, desk, automobile, or other repository on Company premises
- D. Being under the influence of an illegal drug or engaging in controlled substance abuse on Company premises, or while engaged in Company

- business, or in Company-supplied vehicles, or during working hours
- E. Testing positive for illegal drugs or controlled substances without a legal basis for use
 - F. Switching or adulterating any urine sample submitted for testing, or submitting a false sample for testing
 - G. Use, possession, sale, or distribution of alcohol, or being under the influence of alcohol on Company premises, or in Company-supplied vehicles, whether during working hours or non-working hours
 - H. Refusing consent to testing or refusing to submit a urine sample for testing when required by a Company representative or by representatives of any Company customer, vendor, or supplier
 - I. Failing, when requested by the Company, to enroll in any alcohol or other drug treatment or counseling program and failing to adhere to the requirements of the program
 - J. Being indicted or convicted under any criminal drug statute for a violation occurring in the workplace or outside the workplace
 - K. Failing to notify the Company of any indictment or conviction under any criminal drug statute within 5 days of the event
 - L. Failing to comply with rules and regulations promulgated under any testing programs maintained by (Company B) pursuant to such rules and regulations.

Testing

- A. (Company B) will establish a testing program for illegal drugs and controlled substances for all employees and will, in its sole discretion, determine and may at any time change the requirements, extent, and frequency of employee testing.
- B. (Company B) will test all applicants, whether new employees or rehires. (Company B) requires that every newly hired and rehired employee be free of illegal drug use and controlled substance abuse. Each offer of employment shall be conditioned upon the successful completion of a test for illegal drugs and controlled substances as prescribed by the Company. Any applicant who tests positive in the preemployment drug test shall be rejected and shall be ineligible for hire for 12 months unless the applicant adequately establishes a legal basis for the use of the drug or controlled substance with respect to which the applicant tested positive.
- C. Whenever (Company B), during the course of an investigation by corporate security, has reasonable suspicion that an employee has used illegal drugs or engaged in controlled substance abuse,

whether during working hours or nonworking hours, on or off Company premises, the Company may require the employee to submit a urine or other acceptable sample for testing, as prescribed by the Company.

- D. (Company B) will afford applicants and employees subject to testing the opportunity, prior to testing, to list all prescription and nonprescription drugs and controlled substances they have used and to explain the circumstances surrounding the use of such drugs and controlled substances. Failure of any employee to establish adequately a legal basis for the use of any drug or controlled substance with respect to which the employee tests positive shall constitute a violation of this policy.
- E. Applicants and employees subject to testing must, prior to testing, sign an approved form agreeing to the testing, authorizing the release of test results to the Company's medical department, and authorizing the disclosure of the results by the medical department to a personnel representative, the employee's supervisor, higher management, and other persons. The medical department will obtain the results of the analyses and communicate or disclose such results to a personnel representative, the employee's supervisor, higher management, and any other person in accordance with the Company's policies and procedures. (Company B's) officers, employees, agents, and representatives may use such information in connection with Company business and for purposes of employment and disciplinary actions, and disclose it when required to Government agencies and to others upon valid legal requests, legal proceedings, and other situations to protect the interests of and otherwise in accordance with policies on employee data.
- F. (Company B), prior to taking any action, will give all employees who test positive the opportunity to explain in writing the test results. Failure of any employee to establish adequately a legal basis for the use of any drug or controlled substance with respect to which the employee tests positive shall constitute a violation of this policy.
- G. (Company B) will establish and maintain any and all additional testing programs and requirements that may be necessary or appropriate to comply with applicable rules and regulations of all Government agencies.

Consequences for Violation of the Drug-Free Policy

- A. Violation of this policy may result in severe disciplinary action, including termination, at the Company's sole discretion.
- B. In addition to any disciplinary action, the Company may, in its sole discretion, refer the employee to a treatment or counseling program for illegal drug use or controlled substance abuse. Employees referred to such a program by the Company must immediately cease any illegal drug use or controlled substance abuse, must consent to periodic unannounced testing for a period of 8 months, and must comply with all other conditions of the treatment or counseling program and disciplinary action. After successful completion of all requirements of this section, employees will again be subject to the testing program application to all employees. Appropriate Company representatives shall determine whether an employee referred for illegal drug use or controlled substance abuse treatment or counseling should be reassigned to another position.
- C. (Company B) will promptly terminate any employee who tests positive for illegal drugs or controlled substances, unless the employee establishes a legal basis for the illegal drug or controlled substance, while undergoing or after completion of treatment or counseling for illegal drug use or controlled substance abuse, when such treatment or counseling is required by the Company.
- D. (Company B) will promptly terminate any employee who tests positive for illegal drugs or controlled substances, unless the employee establishes a legal basis for the illegal drug or controlled substances, if the employee has tested positive for illegal drugs or controlled substances without establishing a legal basis for such use on a previous occasion.
- E. (Company B) will promptly terminate any employee who tests positive for illegal drugs or controlled substances, unless the employee establishes a legal basis for the illegal drug or controlled substances, if the employee has been referred at Company request for treatment or counseling on a previous occasion.

Model 1: Carpenter Technology Corporation Reading, Pennsylvania

Carpenter is the largest domestic producer of specialty steel. With headquarters in Reading, Pennsylvania, it employs 3,550 people in 25 locations.

In 1974, Carpenter concluded that because their employees come from the community, and therefore reflect the problems in the community, the company had a role to play in assisting both. This offer of assistance, in the form of an EAP, not only helped employees but also made good financial sense.

From its inception, the EAP has been housed in Employee Relations. The EAP administrator provides services to headquarters and to the 22 small locations through various local vendors, as needed. At the two other manufacturing locations, EAP contract vendors are retained.

Historically, half of the EAP caseload was alcohol or other drug related. Then, between 1984 and 1986, there was a 14 percent increase in alcohol- or other-drug-related contacts with the EAP. The EAP looked for reasons and found—

- Positive results from 4 to 29 percent of applicants, depending on plant location, in preemployment alcohol and other drug screening
- An increase in alcohol- or other-drug-related fitness-for-duty incidents
- Many requests from employees and supervision for additional steps to ensure a safe, alcohol- and other-drug-free work environment.

These findings led to an expansion of the drug screening program in order not only to supplement existing safety, security, medical, training, EAP, and communications efforts but also to better identify and refer for assistance those individuals with alcohol or other drug problems. Thus drug screening is now required for all employees, salaried or hourly, when an employee—

- Is involved in a serious workplace accident or serious safety-related incident
- Is identified by a supervisor as unfit for work
- Undergoes a company-required physical examination.

The screening program is in place at the three production facilities, covers 90 percent of the work force, and is being extended to the other 22 warehousing and sales locations. To date, of all employees identified by their supervisors as unfit for work, 92 percent have tested positive for alcohol or other drugs. (The remaining 8 percent were unfit for other reasons.)

Appendix B: Employee Assistance Program Models

Drug screening has not undermined the integrity of the EAP, and there has been no decrease in self- or supervisory referrals. Instead, more employees are seeking EAP services.

Contact: Greg DeLapp, Administrator
Employee Assistance Program
Carpenter Technology Corporation
P.O. Box 14662
Reading, PA 19612-4662
(215) 371-2325
(215) 371-3242 (fax)

Model 2: Chamberlain Contractors, Inc. Laurel, Maryland

Safety has been a major criterion in the startup and operation of an EAP at Chamberlain—a paving contractor specializing in parking lot maintenance. Over a 3-year period in the mid-1980s, increases in workers' compensation and general liability insurance exceeded 100 percent. By implementing a Safety Awareness Program in 1986, the company saw an immediate and significant decrease in the frequency of workers' compensation claims and vehicular accidents.

Because the company's heavy equipment and trucks use the Capital Beltway daily, the owners felt it essential to put in place an alcohol and other drug policy. During 1988, a local consulting firm helped with the development of this policy, working through the company's human resource advisory group. The process included four meetings with all employees to explain the rationale for the new policy and to give them an opportunity for input.

In the course of these meetings, it became clear that designing an alcohol and other drug policy would not magically dissolve all the problems associated with these negative behaviors. The 75 full-time employees needed a mechanism to deal effectively with their personal problems so that, if necessary, they could find help, take a leave of absence to deal with severe problems, and then return to the company and improve their previously diminished productivity.

Chamberlain asked its consultant to solicit proposals from qualified EAP providers to implement and manage an EAP. At a cost of approximately \$7,000 a year, Chamberlain's EAP provider now offers quarterly training sessions for all employees and counseling on family, financial, and other problems, in addition to those related to alcohol and other drugs. Each year nearly one-third of the Chamberlain work force seeks help from the EAP—testimony to the complete support and confidence employees have for this program.

Supplementing the EAP is a drug testing program managed by a separate organization. Preemployment, postaccident, probable cause, and random testing are conducted.

Since the inception of the EAP and the drug testing program, the company has witnessed a marked decrease in job-related injuries and accidents as well as absenteeism and tardiness, a significant drop in insurance costs on the magnitude of \$50,000 annually, and an increase in quality of workmanship. All told, Chamberlain probably saves in excess of \$60,000 a year and gains immeasurable additional dollars as a result of customer satisfaction, quality workmanship, higher employee morale, and the lack of "go backs" on jobs completed.

Contact: Harold C. Green, President
Chamberlain Contractors, Inc.
146 Lafayette Avenue
Laurel, MD 20707
(301) 792-0099

Model 3: Chappaqua Transportation *Chappaqua, New York*

Chappaqua Transportation is a small bus company under contract to school districts and to the Westchester County Department of Health, which requires transportation for preschool children who are handicapped.

The moment of truth about substance abuse in the transportation industry was brought home to President Joan Corwin in 1989. As a registered nurse on day duty with the ambulance corps, she was dispatched to a site where a small school bus (not her company's) carrying preschoolers had hit a tree. The drivers were so incapacitated due to drugs that they were unable to give a phone number—a simple task done ably by some 3-year-olds on the bus.

Corwin moved quickly but cautiously toward drug testing for her company. She first talked with her shop steward who made her task easier. The Westchester County executive had written a letter promoting drug-free workplaces, and Corwin's shop steward assured her that Local 456 fully supported that policy. From there, she sought consultation with her company physician, who told her that an EAP would be essential if she were to implement drug testing.

Because both the local hospital and school district had contracts with the same external EAP firm, Corwin signed on with that firm, which was invaluable in drafting policy and setting up the program. During the first year of EAP services, 5 of the 100 employees used the program—4 were self-referrals and 1 was a supervisory referral (handled by the shop steward rather than Corwin, then and now).

As the EAP was being introduced, the county executive's letter was posted, and Corwin took the shop steward to a NIDA lab. She asked the nurse-manager to pretend they were there for drug testing and to walk them through the process. When it was over, Corwin asked her shop steward if there was anything objectionable. His answer in the negative led to the inclusion of drug screening at preemployment and for-cause junctures. By mid-1991, there had been no for-cause tests required, and only seven candidates for employment had been turned down due to positive tests. Annual physical examinations now include drug testing, in keeping with ICC requirements. Although a physical presently costs \$100, compared to the \$45 fee before drug testing, it is worth it. Aside from drug testing, EAP services cost the company just \$1,680 a year.

Chappaqua's bus drivers' response to drug testing was, "We're the best!" The program boosted morale, and employees viewed the EAP as a new company benefit.

During the first year (1990) these programs were in place, there were no workers' compensation claims filed and only \$12,000 in liability expenses incurred for a fleet of buses that covers 4,000 miles a day to over 100 schools. In addition to the financial savings and the employees' sense of pride and well-being, Corwin received a letter from the Chappaqua Board of Education expressing their gratitude to the company "for going the extra mile."

Contact: Joan Corwin, President
Chappaqua Transportation
130 Hunts Lane
Chappaqua, NY 10514
(914) 238-4404

Model 4: Electrical Industry Drug-Free Workplace Program Portland, Oregon

During the 1980s, the Oregon-Columbia Chapter of the National Electrical Contractors Association (NECA) and Local Union 48 of the International Brotherhood of Electrical Workers (IBEW) were becoming dissatisfied with the frequency of the drug testing to which they were subjected. Because many contractors and owners had their own drug testing programs, every time a worker changed jobs another drug testing was needed.

The 100 NECA contractors and 2,400 electrical workers began to consider the benefits of an industrywide alliance regarding substance abuse. By the fall of 1989, both union and management representatives stated in their opening letters that a substance abuse program should be negotiated and implemented, and they put language to that effect into the agreement. Early in 1990, 4 months of negotiating were followed by several meetings for all union and management personnel on how the testing would work.

Valuable feedback from these meetings led to policy refinement, and the program became operational in September 1990.

A joint conference committee, composed of four management and four union representatives, sets policy, and an administrator was hired to run the program as part of the Health and Welfare Trust Fund.

To facilitate the requirement that each employer must adopt the program, the Labor Management Committee designed a complete package containing a copy of the Drug-Free Workplace Policy, administrative rules, flow charts, and forms. This package deal makes it easy especially for very small companies to adopt the NECA/IBEW policy as their own.

Since the systematic computer-selected testing program started, 2,700 people—management, union, sales, clerical, maintenance—have been tested, and only about 2 percent have been positives. Of the 58 people who tested positive, 10 were alcohol problems, and the majority showed marijuana to be the drug of choice. Included in the first 58 positives were 14 management personnel. As of mid-1991, the need to test for cause has occurred twice.

Positive results are sent to a NIDA-certified lab and then to a psychiatrist group. This group, specializing in alcohol and other drug cases, triages and refers clients to one of several State-approved programs, depending on the severity of the problem. Options for rehabilitation, which is mandatory, range from a four-evening (one each week) education program to inpatient care.

Although rehabilitation is covered under the health program, an additional 10 cents per manhour is contributed to the Health and Welfare Trust Fund for drug testing.

Pride in the program is evidenced by the proliferation of the program's red, white, and blue decals, bumper stickers, and posters throughout worksites in western Oregon and southern Washington.

Contact: Timothy J. Gauthier, Executive Manager
National Electrical Contractors Association
601 N.E. Everett
Portland, OR 97232
(503) 233-5787

Model 5: Employee Assistance of Central Virginia, Inc. *Lynchburg, Virginia*

Employee Assistance of Central Virginia, Inc. (EACV) is a service center for 20,000 employees in 50 work organizations. It came into being as a result of dedication to the EAP idea by the largest employer in town, the Babcock & Wilcox Company (B&W), which has 3,600 employees. This company contracted for 2 years with the State of Virginia to provide a full-

time EAP director and a half-time counselor to staff the program, funded fully by B&W. The State offered \$4,000 seed money, with the understanding that EACV would be a stand-alone program in 2 years.

From the start, B&W's goal has been not only to offer services to its employees but also to explore the feasibility of extending coverage to employees in other work organizations. The success of the venture led to the incorporation of EACV as a nonprofit organization with off-site facilities. The board of directors was comprised of CEOs from the major employers. This composition brought double benefits to EACV: leadership by those with ongoing investment in the EAP concept and credibility in the community. An advisory committee made up of the human resources directors of member companies added more frequent guidance to EACV operations.

No one foresaw how effective the board would be in persuading numerous work organizations to join the consortium. By 1991, EACV had contracts with over 50 organizations: public and private, union and nonunion groups that ranged in work force size from 8 to 3,600 and included such diverse enterprises as city government, public and private schools, banks, insurance companies, manufacturers, paper mills, electronics, printers, orthopedic surgery, milk delivery, and financial planning.

EACV is an assessment and referral model of EAP for employees and family members with treatment and counseling provided by other professionals within the community. Considering all organizations, the average utilization is about 8 percent of the work force. Approximately one-third of EACV's staff time is devoted to management services such as supervisor training, consultation, and conflict resolution. The longer EACV is with a company, the more services it is asked to provide.

Every member organization pays the same fee: \$15.00 annually for each employee with a minimum per-organization cost of \$500 for organizations with 35 employees or less. When organizations are interviewing EACV, the most frequent comment heard regarding the fee is, "Is that all?"

EACV now has a staff of seven people, one part time. It has operated in the black since the beginning. The simplicity of EACV's budgeting surprises many: "Our revenue is our budget."

Two indications of success outside their normal provision of services are being featured in "The Enemy Within," a 1989 film speaking to small business, and serving as a model for the EAP of Bermuda, which adopted EACV's organization and continues to request annual evaluations by EACV.

Contact: Susan Grainger, Executive Director
EACV
1925 Atherholt Road, Lower Level
Lynchburg, VA 24501
(804) 845-1246

Model 6: General Alum & Chemical Corporation Holland, Ohio

General Alum & Chemical Corporation manufactures liquid aluminum sulfate used primarily in paper manufacturing and in water and waste treatment. As in many other small businesses, management personnel were acquainted with the concept of EAPs but did not pursue it because they thought that the cost would be prohibitive, that EAPs were a luxury within the financial reach of only large corporations.

Because it was a 34-person company with manufacturing facilities in three States (Indiana, Wisconsin, Ohio), everybody knew everybody and no one believed there were any serious problems. Then late in 1987, an employee on drugs went home and killed his wife. The work force at General Alum & Chemical Corporation was stunned. It *could* happen here. It *did* happen here.

Management knew it was time to implement preemployment and for-cause drug screening. Exploring this type of program led to consideration of what they would do if someone failed the test. From there, it was only a short distance to an EAP. Once they learned how modest the costs were (approximately \$900 a year), only two major hurdles remained: confidentiality and EAP coverage for a three-State operation.

They found an external EAP firm that could provide services at the three worksites, help the company develop an alcohol and other drug policy, and maintain strict confidentiality. Since the traumatic incident in 1987, EAP utilization reached and has remained at a cumulative high level of 40 percent. Approximately 17 percent of the total is for substance abuse problems—with alcohol, street drugs, prescription drugs, and polydrugs. Regular articles on the EAP in the company's bimonthly newsletter can be partially credited with a significant increase in EAP participation by employees' family members. Also contributing to the high utilization of EAP services is the company's policy of sharing half of the rehabilitation costs not covered by insurance for an employee.

Although preemployment drug screening has at times revealed a fail rate as high as 20 percent, there has been no for-cause testing needed, based upon job performance criteria.

The attitude and support of top management is critical for a successful EAP program, and this is clearly evident at General Alum & Chemical Corporation. President and CEO James Poure, who has owned and operated the business for nearly 12 years, was recently elected chairman of the Toledo Area Chamber of Commerce and is launching a communitywide effort to promote drug-free workplace policy. Poure is living proof that one can be a

caring employer, a community activist, and also be named Entrepreneur of the Year by consensus among *Inc.* magazine, Ernst & Young, and Merrill Lynch.

Contact: Barbara Haase
Vice-President of Administrative Services
General Alum & Chemical Corporation
1145 Corporate Drive
Holland, OH 43528
(419) 865-8000

Model 7: Lincoln EAP, Inc.
Lincoln, Nebraska

The city that fostered the evolution toward the present Lincoln EAP is a State capital with a population of 185,000. Like most midsize cities, Lincoln's commercial composition is mostly small and medium-size businesses.

Early in the 1970s, several local employers concerned about alcoholism in the workplace started a business assistance program, which led to a 1974 NIAAA grant for development of a consortium model EAP. When the grant expired in 1982, the Lincoln EAP self-incorporated as an autonomous, nonprofit corporation.

The Lincoln EAP now has contracts with 70 companies whose 24,000 employees plus their family members are eligible for services. One-third of the eligible employees work for public employers. Among private employers, the largest served are the telephone company, three manufacturing companies, and a community hospital. Although 14 percent of employers served have 1,000 employees or more, they account for over half of the total employee population and slightly less than 50 percent of the EAP's income. Conversely, 40 percent of the companies it serves have 100 employees or less, yielding 8 percent of total income.

After experimenting with several fee structures such as fee-for-service and capitated fee, the EAP service center settled on a flat rate based on the average use of services over the past 3 years. During 1990-1991, costs averaged \$18.50 per employee, though small employers tend to be above this average because they use more consultation and training services.

The challenge continually facing the Lincoln EAP is how to tailor services to fit the needs of each individual employer while keeping fees at a reasonable level. Through such strategies as company coordinators' meetings, supervisor training, employee workshops attended by a few employees from each company, and facilitation of small firms' banding together to negotiate for less expensive benefit packages, the Lincoln EAP is able to assist small companies in obtaining some advantages enjoyed in the past only by large corporations.

Assessment, short-term counseling, and referral services are provided by the EAP's eight professionals. About one in five persons seen requires only short-term counseling; the rest are referred to community resources.

The client utilization rate, which averages 10 to 11 percent, and the overall success rate, which exceeds 75 percent, are considered excellent by national standards. Of the substance abuse referrals that make up one-fourth of the caseload, 80 percent are still on the job and performing satisfactorily 1 year after completing treatment or counseling. In the late 1980s, the EAP's visibility and acceptance were reflected in a large increase in the proportion of employees' family members seeking help (from 25 percent in 1984 to 34 percent in 1989).

As with most businesses, a significant indicator of success lies in the retention of clients. According to this criterion, the Lincoln EAP has achieved greatly because over 80 percent of the companies have been with the EAP for 3 or more years, over 50 percent for 7 or more years, and 45 percent for 10 or more years.

Contact: Kristine N. Brennan, Executive Director
Lincoln EAP, Inc.
201 North 8th Street, Suite 101
Lincoln, NE 68508
(402) 476-0186

Model 8: Local 32B-32J ***New York, New York***

Local 32B-32J of the Service Employees International Union represents building service employees in all boroughs of New York City, with the exception of the Bronx. Its 70,000 members work throughout the city as, for example, doormen, elevator operators, porters, security guards, and window washers. They are dispersed at some 6,000 work sites, working for an estimated 1,500 employers. Because of great decentralization, 24-hour shifts, and minimum supervision, this population presents a challenge to an occupational alcohol and other drug program.

Until 1978, alcohol-dependent members had been referred to New York's Central Labor Council for treatment and counseling. In 1978, Local 32B-32J established a member assistance program within the Health Fund's Professional Health Services Division. Its first director was drawn from the ranks of Local 32B-32J.

By 1985, the MAP expanded to include services for chemical dependency, and it grew from a one-person assessment and referral format to its present composition. Today the director of the program is a Certified Social Worker/Administrator, Credentialed Alcoholism Counselor (CAC), and a Nationally Certified Addictions Counselor (NCAC II).

The two full-time counselors are also CACs/NCAC IIs. Further growth has been planned for late in 1991 when Local 32B-32J moves into new headquarters at 101 Avenue of the Americas.

The program today focuses on managed care in addition to assessment and referral. Through agreements with preferred provider organizations, the program affords members the individualized high-quality treatment and maintenance support they need. Approximately 450 new clients are assessed and referred for treatment every year, and an estimated 250 are seen on a regular basis for maintenance followup. During the most recent 12-month period, nearly 16,000 actual visits to the program were made by members, their spouses, and their dependents.

Contact: Marjorie Dyan Hirsch, ACSW, CAC, NCAC II, Director
Member Assistance Program
Building Service 32B-32J Health Fund
60 Madison Avenue, Room 904
New York, NY 10010
(212) 576-1761

Model 9: Logistic Systems Architects Sacramento, California

Logistic Systems Architects (LSA) has been in the business of providing software development and engineering services, primarily to the U.S. Air Force, since 1984. In 1987 it was rated the 25th best in the United States by *Inc.* magazine's listing of top entrepreneurial companies. Of its 250 employees, 160 are in the headquarters in Sacramento, 40 are in Georgia, 35 are in Ohio, and several are in Washington, DC. Its EAP, initiated in 1987 and administered through its human resources departments, includes an external provider in California who assists in identifying and selecting approved providers at the other locations.

Neither the company nor the EAP provider was adequately prepared to implement the Department of Defense Interim Rule that modified the Drug-Free Workplace Act to require "random" drug testing for everyone in a "sensitive" position. Because *random* and *sensitive* were not clearly defined, the company had to do so.

The task was given to the organization development specialist because it was a program that would require change and affect all employees. Research on the legal and technical aspects of drug testing was undertaken immediately by the specialist. She determined that the optimum way to proceed with the task was through formation of a committee comprised of representatives from across and down the organization—vice-president, directors, managers, employees. For 6 months, the committee struggled

with many issues such as the definitions of *sensitive* and *random*, who to test, how frequently to test, whether to test for alcohol or not, and what to do if someone tested positive.

Knowing that training would be an issue, the committee did a lot of networking that resulted in meeting a physician who was an addictionologist. He came to talk with the committee and offered to train supervisors, free of charge.

The committee made decisions and recommendations on the issues to senior management for consideration. For example, the committee suggested that all employees should be tested for alcohol and other drugs. Senior management chose a more cautious approach, defining as *sensitive* only persons in management and those with security clearances. However, they concurred with the committee and decided to include alcohol in the testing.

Throughout the 6 months of committee work, briefings were held for all employees. As a result, when the laboratory was brought in to the company for the initial alcohol and other drug testing, there was no resistance. All employees were trained in the policy, which used a well-received video produced by NIDA. A full day of training for managers was delivered in Sacramento, videotaped, and taken to the other sites by the organizational development specialist who conducted the sessions.

LSA's EAP services carry a modest price of \$8,500 annually, or about \$3.40 a month for each employee. The alcohol and other drug testing costs an additional \$6,000 a year.

The skill with which this entire process was handled produced an additional benefit to LSA. Because of the potential that substance abuse has for harming people, property, and national security, the traditional animosity between the security and human resources departments dissolved as they cooperated on alcohol and other drug testing.

Contact: Susan Dupre
Logistic Systems Architects
3800 Watt Avenue, Suite 210
Sacramento, CA 95821
(916) 974-8800

Model 10: Rapid Bind, Inc. ***Portland, Oregon***

Rapid Bind, a trade binder dealing only with printers, is described by its owner, John Goché, as "a sliver of the printing business." During its 11-year history, the work force has grown to 35 employees.

Late in 1985, Goché realized that severe drug problems had developed among his 21 employees. Several were suspected of using drugs on the job and during breaks. After the daily shifts, drugs were much in evidence near the company parking area. The younger people, new to the world of work, were drawn to this group in which the peer-pressure message was "use" rather than "not use."

Goché's efforts to find help led to a counselor who agreed to talk to the crew. Goché closed the plant, brought together both the day and swing shifts for a meeting, introduced the counselor, and then left the room. Thereafter, peer pressure started to change to "not use," but the problem persisted.

The value of an EAP became fully apparent in July 1989 when a 6-year term employee who was 25, married, with a 9-month-old child, committed suicide. The other employees were emotionally drained and could simply not produce a product. Again, a counselor was called in to talk with employees, collectively and individually. With this help, "it was amazing how quickly we healed," said Goché.

Late in 1989, drug testing and EAPs were subjects discussed at trade meetings Goché attended. Goché obtained further information from the Oregon Small Business Council and drafted his own policy statement. At a meeting sponsored by the Pacific Printing Industries (PPI), an affiliate of Printing Industries of America, members were polled about their interest in starting an EAP and in soliciting bids from EAP providers. Thirteen PPI member companies, including Goché's, representing 400 employees wanted to pursue this.

Their solicitation brought in 15 proposals from EAP providers. A firm was selected by PPI's board of directors, and by August 1990 the EAP had been implemented. In 1991, the association EAP had 14 businesses, ranging in work force size from 18 to 190, with a total of 736 employees.

Drug testing did not begin at Rapid Bind until May 1991. Its policy mandates preemployment testing and testing for cause such as on-the-job injuries and "for reasonable suspicion." Goché elected not to do random testing because it would be a violation of the trust he has in his employees.

The annual cost for the EAP is about \$860 at Rapid Bind. Fees for drug testing are additional.

To assist other small businesses like his, Goché accepted the chairmanship of the Oregon Small Business EAP Advisory Committee, which is encouraging small businesses throughout the State, especially in rural areas, to form a consortium for providing EAP services.

Contact: John E. Goché, President
Rapid Bind, Inc.
P.O. Box 42493
Portland, OR 97242
(503) 231-8898

Model 11: St. Louis Symphony Orchestra St. Louis, Missouri

The St. Louis Symphony was the first orchestra to utilize an EAP. Like many other work organizations, the symphony was at times faced with negative performances caused in part by alcohol and other drug problems. Thus, the orchestra's personnel manager had to become knowledgeable about relevant laws and suitable alcohol and other drug treatment resources in the community.

During the course of this case-by-case work, which included contact with treatment professionals, the personnel manager learned of EAPs. In conference with the conductor and executive director, the decision was made to begin an EAP out of concern for the well-being of talented persons and the desire to have a positive atmosphere in the organization.

External providers of EAP services were invited to make presentations to the symphony's Management and Orchestra Committee, made up of union representatives of the American Federation of Musicians (AFM). This months-long process was paralleled by an educational effort on EAPs—how they work, who is responsible for what, confidentiality safeguards, job security issues, and similar sensitive topics.

One of the ground rules set before each of the prospective EAP vendors was that the firm selected would have to agree to use the physicians currently seen by symphony members. Only one firm accepted this arrangement: the St. Louis Area EAP, an affiliate of the National Council on Alcoholism and Drug Dependency for 22 years. This EAP provider wanted to contact the symphony physicians and check references on them. The praise they received was so high that the St. Louis Area EAP added them to its roster of approved physicians who might be consulted by its other clients.

AFM committee members involved in the consideration of vendors questioned whether the EAP would become an item for negotiation in the master agreement. Management said it would not, that EAP services would be available at no charge to employees or their families prior to contract renewal. Coverage was to be not only for orchestra members but also for all symphony employees, including staff, stage hands, and engineers.

During the first 18 months of operation, approximately 12 percent of the 160 persons covered took advantage of the EAP. Success was defined as improvement in job performance within 1 year of the first appointment of the EAP, and 70 percent of those who participated achieved this goal, by resolving, for example, emotional/psychological, family, and marital problems. That rate of improvement has continued

to date, although participation in the EAP has leveled off to an average 6.5 percent of the employee population per year.

Contact: Joan Briccetti, General Manager
Powell Hall
St. Louis Symphony
718 North Grand
St. Louis, MO
(314) 533-2500

Model 12: SCIENTECH, Inc. ***Idaho Falls, Idaho***

SCIENTECH, Inc. is an employee-owned company performing engineering and other technical services for clients in the energy, environment, and defense fields, including nuclear safety engineering and operations reporting as well as military software engineering and database management.

Founded in 1983 in Idaho Falls, the company now has offices in nine cities. It became employee owned in 1990 through the installation of an employee stock ownership program, and it has grown steadily since its establishment to the current number of 215 employees, with an average annual turnover rate of less than 7 percent. Because of its technical mission, the company has an unusually highly educated work force, with over half of its employees holding college degrees.

Because SCIENTECH is a Federal Government contractor whose business is in substantial measure conducting safety reviews of Government and commercial nuclear power plants and nuclear facilities, it cannot tolerate the threat to public safety of alcohol and other drug abuse by its employees or subcontractors. Consequently, the company has a strict and emphatic policy, communicated explicitly to employees and subcontractors, against alcohol and other drug abuse, with stringent remedial action for violation.

SCIENTECH will not hire or retain employees who use, possess, or sell drugs, or allow workers in the workplace whose use of legal substances such as alcohol or prescription drugs interferes with safety or productivity. Employees are subject to inspection and, under certain conditions, to drug and alcohol testing. If SCIENTECH determines that an employee has violated its substance abuse policy, that employee is subject to remedial actions up to and including termination.

Employees are subject to remedial action if it is confirmed that substance abuse is injuring their job performance, if they are in possession of drugs, if they are exhibiting signs of impairment from substance abuse, or if they are involved in an accident at work that reasonably raises the presumption of substance abuse.

If an employee tests positive under the quantitative chemical standards listed in the company's formal substance abuse policy, or is found to possess drugs, the individual must undergo a mandatory medical evaluation. If treatment is indicated, employment is conditioned upon accepting and completing treatment. Also, if an employee uses alcohol or other substances to an extent that interferes with job performance or safety, the individual must leave work immediately and receives a management warning in his or her personnel file.

Because SCIENTECH recognizes that substance abuse is a disease, it holds a constructive policy emphasizing education, prevention, and rehabilitation over punitive action. It encourages participation in recognized community-supported programs for overcoming this disease. Individuals who seek treatment are responsible for the costs thereof. However, SCIENTECH's health insurance program provides access to alcohol and other drug treatment programs through its medical insurance. The company does not keep records of employees who use the benefit.

A source of pride to the company is the fact that there have been no workers' compensation claims for treatment of or injury from substance abuse by any SCIENTECH employees.

Contact: Toni Howard
SCIENTECH, Inc.
1690 International Way
Idaho Falls, ID 83402
(208) 523-2077

Model 13: Seeger Toyota *St. Louis, Missouri*

It was the owner's personal experience with substance abuse and recovery that prompted the initiation of an EAP at this auto dealership. Knowing how seriously substance abuse can affect work performance, Seeger wanted to provide some mechanism for helping his employees and their families with all kinds of problems, not just alcohol and drugs. He refers to his EAP as a "pro-people" program.

In 1983, Seeger began making inquiries to find out how to go about drafting an alcohol and other drug policy. Through his State automobile dealership association, he obtained a copy of a standard policy and adopted it for his company.

Employees are prohibited from possession or use of alcohol or other drugs on company time as well as from arriving at work under the influence of alcohol or other drugs. Violation of these rules is grounds for immediate discipline up to and including discharge. Also,

if reasonable suspicion exists, any employee involved in an on-the-job accident or injury may be tested for alcohol and other drugs at the company's expense as part of the investigation into the cause of the accident or injury.

This policy was combined with the EAP services available to the 60 full-time employees through an external provider (except when employees' job performance problems result in supervisory referrals to the EAP). Approximately \$1,200 to \$1,400 is spent annually for EAP services, which are provided away from the worksite so that participation or use of the program will in no way affect an employee's job security or promotional opportunities. Contact with the EAP is treated as totally confidential and never becomes a part of the employee's personnel record (except when employees' job performance problems result in supervisory referrals to the EAP). Because of the EAP, supervisors are never called on to be diagnosticians or counselors and can tend fully to their own and their employees' job performance.

Over the 7 years of this EAP's operations, the number of workers' compensation claims filed has declined. Not coincidentally, during this period of time, Seeger's EAP provider has seen an average of 10 percent of the employee population each year. Most (95 percent) have been self-referrals, with only 5 percent management referrals.

Although dollars-and-cents saving is critical to any business, Seeger reports that the most satisfying thing yet about the program came from a female employee who knocked on his office door, became teary-eyed after she was invited in, and said, "Thank you for saving my life." Seeger had known neither about her visit to the EAP nor what her problem had been.

Contact: Thomas C. Seeger, President
Seeger Toyota
12833 Olive Street Road
Creve Coeur, MO 63141
(314) 434-5000

Model 14: Workers Assistance Program of Texas *Austin, Texas*

Established through a 1977 grant from NIAAA and NIDA, the Workers Assistance Program of Texas (WAP/T) began as an information, education, and training project. Staffed by union members, the program goal was to sell people on the EAP concept through joint labor-management cooperation.

Over the past 11 years, there have been two major shifts in funding. When the Federal Government changed over to block grants in 1981, WAP/T secured funds from the State to maintain operations. Beginning in 1984, WAP/T was reorganized into a full-service professional EAP firm. Its success led to steadily expanded funding from the private sector. From a low point in funding of \$178,000, the program has increased fivefold to \$1.8 million annually in 1991.

Presently the program covers more than 126,000 workers at 145 sites. The size of the work units receiving services varies from 7 to 17,000 workers. Mostly small to midrange work organizations contract with the program, which has broadened its base to include staff from social work, psychology, and other helping professions.

Services are provided to a wide array of unions and collective bargaining units—Government employees, letter carriers, machinists, steelworkers, electrical workers, communications workers, stage hands, teachers, food and commercial workers. Numbered among the nonunion companies that contract for EAP services are distributing companies, manufacturing companies, warehousing facilities, professional services companies, transportation companies, nonprofit organizations, and a university. In addition, State agencies and two of the Big Three automakers have EAP coverage through WAP/T.

With five branch offices in Texas and more than 100 offices in eight States, WAP/T "combines private sector efficiency with public sector heart." Its board of directors, which is heavily weighted with union officials, continues to endorse the idea of *pro bono* work that accounts for a lot of the program's workload. No group has ever been refused services because it was unable to pay.

In unionized companies, the program director first approaches the union representatives and then management. If the company management has no interest in EAP services, a workers assistance program may be set up for the union.

Each contract is custom tailored to the work group. Some want only self-referral and counseling services. Others prefer full-service programs that extend the range of activities to include supervisor/steward training, drug education, stress management, and monthly brown-bag lunches. Over the years, WAP/T has found that 20 percent of clients' problems were alcohol (11 percent) or other drugs (9 percent).

Since 1988, three new initiatives have been launched. First, WAP/T set up a statewide consortium of small work organizations that allows them to have affordable services at the same price as large companies—\$15 a year for each employee. Second, the program began to offer managed care (mental health and chemical dependency) benefits. Third, WAP/T effected a merger with the Peer Assistance and Leadership (PAL) program, a nationally recognized model peer helping program currently being implemented in over 200 Texas school districts.

Contact: Terrence Cowan, Executive Director
Workers Assistance Program of Texas
1700 West 6th Street, Suite 200
Austin, TX 78703
(512) 477-4491

Model 15: Zingerman's Delicatessen *Ann Arbor, Michigan*

Quality in products and services has been the guiding principle in action for Zingerman's since it opened for business on March 15, 1982. The restaurant's catering and retailing now bring in \$4.5 million a year without selling any alcoholic beverages. Dedication to quality, on the part of both active owners, extends well beyond the basics of doing business to the environment and to social action. Recycling and using renewable materials wherever possible is integral to Zingerman's philosophy. Through the Food Gatherers program the company established in May 1989, over 200,000 pounds of perishable food from 50 donors have been delivered to 36 agencies that feed the homeless and hungry people in the community.

Because the customer always comes first, Zingerman's 120 employees hold the key to customer satisfaction. Consequently, the owners place great emphasis on the health, well-being, and training of all employees. During the past 7 years, the EAP has been a significant part of Zingerman's care for the people in this work force via bonus sharing, food and cookbook discounts, health insurance, and partial reimbursement for job-related education. The cost of EAP services for all employees and their family members is currently between \$3,500 and \$4,000 a year and is paid by the company.

The EAP came into being through a regular patron who is an EAP services provider. Conversations with the owners about how to improve quality eventually led to talk about difficulties being experienced by some employees. The owners expressed the desire to be receptive to their people in time of need, rather than to fire them or tell them, "Get out of here and take care of it." Recognizing that almost any human problem can be dealt with when there is early identification, Zingerman's contracted for EAP services through its patron of some years.

Although most of the employees are between the ages 18 and 30—the ideal target population for drug use—there are surprisingly few drug problems. Instead, alcohol seems to head the list of abused substances throughout all levels of the organization. Management is very clear about the rationale for prohibiting any kind of substance use during work hours: “You might hurt yourself or others.”

The past, present, and continuing pursuit of quality in every aspect of the business accounts for the award to Zingerman’s of the 1989 Grand Prize—Retailer of the Year—by the National Association for the Specialty Food Trade, Inc.

Contact: Ari Weinzwieg or Paul Saginaw, Owners
Zingerman’s Delicatessen
422 Detroit Street
Ann Arbor, MI 48104-1118
(313) 663-0974

In addition to considerations of philosophy and approach, there are general legal concerns that must be taken into account by any employer in implementing alcohol and other drug testing programs. These concerns vary according to such factors as whether the employer is in the public or private sector, unionized or nonunionized, and/or in a jurisdiction that has relevant statutory or common law precedent.

The law in this area is evolving rapidly, and there are few generally applicable precedents. Therefore, it is prudent for employers to obtain legal counsel before developing and implementing a testing policy or program. Some of the more significant legal considerations are discussed in the following sections.

Constitutional Protections

The U.S. Constitution, which restricts governmental but not private actors from arbitrarily interfering with individual rights, prohibits the Government from unreasonably infringing on workers' rights relating to privacy and job security. With respect to workplace privacy, the Fourth Amendment prohibits unreasonable "searches." In 1989, the Supreme Court, considering the issue of workplace drug testing for the first time, concluded that a public employer's taking of a blood, urine, or breath specimen for the purpose of alcohol and other drug testing (or testing conducted by a private employer at the behest of the Government) constitutes a "search" under the Fourth Amendment because it implicates significant privacy concerns. The Court further held that the determination of whether such testing is "reasonable," and therefore constitutionally valid, requires a balancing of the degree of intrusion on the individual's privacy interest against the promotion of the employer's legitimate interests.

Based on this balancing test, the courts favor employee testing that is based on reasonable suspicion of alcohol or other drug use. In general, random or other types of suspicionless testing, such as postaccident testing, are permissible when they effectively promote compelling interests in detecting and/or deterring substance abuse and do not unduly invade employees' legitimate expectations of privacy. Suspicionless testing may be justified by the following factors: (1) The jobs covered are safety sensitive, of a critical nature, or subject to pervasive State or Federal regulation; (2) the testing is applied narrowly to those jobs and in a manner that minimizes the

or job performance and behavior to which the entity holds its other employees, even if any unsatisfactory performance or behavior is related to the employee's drug use or alcoholism.

Under the ADA, employers are required to attempt to accommodate the physical and mental limitations of qualified disabled persons unless, based on considerations relating to cost and disruption to business operations, accommodation would result in an undue hardship. Individuals disabled by alcoholism are entitled to the same protection accorded other individuals with disabilities; however, the Act carves out a broad exemption regarding drug users.

The ADA expressly permits an employer to deny employment opportunities to an individual because he or she is currently engaging in the illegal use of drugs. However, the Act does protect from discrimination a person who has successfully completed drug rehabilitation or who is participating in a supervised or professionally recognized self-help drug rehabilitation program and is no longer engaging in the illegal use of drugs, or a person who is erroneously regarded as a current drug user but is in fact not using drugs. The ADA permits employers to administer tests for illegal drug use to applicants and employees, and allows employers to take adverse action based on drug test results. A person with a positive drug test result may challenge its accuracy (by alleging that he or she is "erroneously regarded" as a current illegal user of drugs). Employers should reference the regulations issued by the Equal Employment Opportunity Commission that implement these and other provisions of the ADA relating to employment discrimination (*Federal Register*, Vol. 56, No. 144, 7/26/91).

The Federal Rehabilitation Act of 1973 contains disability discrimination prohibitions similar to those contained in the ADA that are applicable to the employment practices of Federal contractors and subcontractors, Federal agencies, and recipients of Federal financial assistance (irrespective of the number of persons employed). The Rehabilitation Act was amended by the ADA so as to incorporate the ADA's provisions regarding drug users discussed earlier.

Also, an overwhelming majority of States have enacted laws that prohibit disability discrimination in employment by both public and private employers. Although the scope of coverage varies widely from State to State, many of these laws apply to alcoholics and drug users and may prohibit adverse employment decisions based solely on positive test results.

Collective Bargaining Rights

The National Labor Relations Board recently ruled that, with respect to current employees, compulsory drug testing amounts to a substantial change in the terms and conditions of employment and, therefore, is a subject of mandatory bargaining under the National Labor Relations Act. Accordingly, an employer may not implement new rules or change prior policies regarding drug testing that affect current employees without first bargaining over the matter with its employees' union(s). The National Labor Relations Board also ruled that a union's waiver of its right to bargain over such testing programs must be clear and unmistakable, and thus the right is not waived merely because, for instance, the union has acquiesced in the employer's unilateral implementation of a requirement that new employees undergo testing at the time of their hire. In contrast, in a separate decision, the National Labor Relations Board ruled that an employer is not required to enter into collective bargaining over a testing requirement's application to applicants for employment. It was determined that because preemployment drug testing does not vitally affect the interests of current employees, it is not within the scope of required bargaining under the National Labor Relations Act.

State and Local Statutory and Common Law Restrictions

A number of States and cities have enacted or are considering statutory restrictions regarding workplace alcohol and other drug testing. These laws generally restrict the scope of testing by both public and private employers (for instance, to applicants or to employees for which there is "reasonable suspicion" of an impairment) and set out procedural safeguards and privacy protections.

Further, the courts in a number of States have developed legal theories that may restrict private sector workplace testing. For instance, some States have adopted a cause of action for wrongful discharge (such claims represent an erosion of the traditional "employment at will" doctrine). Under this cause of action, an employee may claim that a discharge based on a refusal to submit to a drug test or on a positive test result violates public policy (for instance, a privacy guarantee contained in a State constitution applicable to the private sector) or conflicts with an express or implied employment contract that prohibits arbitrary or bad faith dismissals. Apart from wrongful discharge claims, employees

may have a cause of action based on tort claims. For instance, the following claims may be raised: defamation (i.e., a reckless or excessive dissemination of false drug testing information), invasion of a common law right of privacy (i.e., a highly offensive or intrusive use of testing), and negligent or intentional infliction of emotional distress.

Alcohol

Alcohol consumption causes a number of marked changes in behavior. Even low doses significantly impair the judgment and coordination required to drive a car safely, increasing the likelihood that the driver will be involved in an accident. Low to moderate doses of alcohol also increase the incidence of a variety of aggressive acts, including spouse and child abuse. Moderate to high doses of alcohol cause marked impairments in higher mental functions, severely altering a person's ability to learn and remember information. Very high doses cause respiratory depression and death. If combined with other depressants of the central nervous system, much lower doses of alcohol will produce the effects just described.

Repeated use of alcohol can lead to dependence. Sudden cessation of alcohol intake is likely to produce withdrawal symptoms, including severe anxiety, tremors, hallucinations, and convulsions. Alcohol withdrawal can be life threatening. Long-term consumption of large quantities of alcohol, particularly when combined with poor nutrition, can also lead to permanent damage to vital organs such as the brain and the liver.

Mothers who drink alcohol during pregnancy may give birth to infants with fetal alcohol syndrome. These infants have irreversible physical abnormalities and mental retardation. In addition, research indicates that children of alcoholic parents are at greater risk than other youngsters of becoming alcoholics.

Cannabis

All forms of cannabis have negative physical and mental effects. Several regularly observed physical effects of cannabis are substantial increase in the heart rate, bloodshot eyes, a dry mouth and throat, and increased appetite.

Use of cannabis may impair or reduce short-term memory and comprehension, alter sense of time, and reduce ability to perform tasks requiring concentration and coordination, such as driving a car. Research also shows that people do not retain knowledge when they are "high." Motivation and cognition may be altered, making the acquisition of new information difficult. Marijuana can also produce paranoia and psychosis.

Because users often inhale the unfiltered smoke deeply and then hold it in their lungs as long as possible, marijuana is damaging to the lungs and pulmonary system. Marijuana smoke contains more cancer-causing agents than tobacco smoke.

Long-term users of cannabis may develop psychological dependence and require more of the drug to get the same effect. The drug can become the center of their lives.

Type	What is it called?	What does it look like?	How it is used?
Marijuana	Pot Grass Weed Reefer Dope Mary Jane Sinsemilla Acapulco gold Thai sticks	Dried parsley mixed with stems that may include seeds	Eaten Smoked
Tetrahydrocannabinol	THC	Soft gelatin capsules	Taken orally
Hashish	Hash	Brown or black cakes or balls	Eaten Smoked
Hashish oil	Hash oil	Concentrated syrupy liquid varying in color from clear to black	Smoked—mixed with tobacco

Inhalants

The immediate negative effects of inhalants include nausea, sneezing, coughing, nosebleeds, fatigue, lack of coordination, and loss of appetite. Solvents and aerosol sprays may also decrease the heart and respiratory rates and impair judgement. Amyl and butyl nitrite cause rapid pulse, headaches, and involuntary passing of urine and feces. Long-term use may result in hepatitis or brain damage.

Deeply inhaling the vapors, or using large amounts over a short time, may result in disorientation, violent behavior, unconsciousness, or death. High concentrations of inhalants can cause suffocation by displacing the oxygen in the lungs or by depressing the central nervous system to the point that breathing stops.

Long-term use can cause weight loss, fatigue, electrolyte imbalance, and muscle fatigue. Repeated sniffing of concentrated vapors over time can permanently damage the nervous system.

Type	What is it called?	What does it look like?	How it is used?
Nitrous Oxide	Laughing gas Whippets Buzz bomb	Propellant for whipped cream in aerosol can Small 8-gram metal cylinder sold with a balloon or pipe	Vapors inhaled
Amyl Nitrite	Poppers Snappers	Clear yellowish liquid in ampules	Vapors inhaled
Butyl Nitrite	Rush Bolt Locker room Bullet Climax	Packaged in small bottles	Vapors inhaled
Chloro-hydrocarbons	Aerosol sprays	Aerosol paint cans Containers of cleaning fluid	Vapors inhaled
Hydrocarbons	Solvents	Cans of aerosol propellants, gasoline, glue, paint thinner	Vapors inhaled

Cocaine

Cocaine stimulates the central nervous system. Its immediate effects include dilated pupils and elevated blood pressure, heart rate, respiratory rate, and body temperature. Occasional use can cause a stuffy or runny nose, while chronic use can ulcerate the mucous membrane of the nose. Injecting cocaine with contaminated equipment can cause AIDS, hepatitis, and other diseases. Preparation of freebase, which involves the use of volatile solvents, can result in death or injury from fire or explosion. Cocaine can produce psychological and physical dependency, a feeling that the user cannot function without the drug. In addition, tolerance develops rapidly.

Crack or freebase rock is extremely addictive, and its effects are felt within 10 seconds. The physical effects include dilated pupils, increased pulse rate, elevated blood pressure, insomnia, loss of appetite, tactile hallucinations, paranoia, and seizures.

The use of cocaine can cause death by cardiac arrest or respiratory failure.

Type	What is it called?	What does it look like?	How it is used?
Cocaine	Coke Snow Flake White Blow Nose candy Big C Snowbirds Lady	White crystalline powder, often diluted with other ingredients	Inhaled through nasal passages Injected
Crack	Freebase rocks Rock	Light brown or beige pellets—or crystalline rocks that resemble coagulated soap; often packaged in small vials	Smoked

Other Stimulants

Stimulants can cause increased heart and respiratory rates, elevated blood pressure, dilated pupils, and decreased appetite. In addition, users may experience sweating, headache, blurred vision, dizziness, sleeplessness, and anxiety. Extremely high doses can cause a rapid or irregular heartbeat, tremors, loss of coordination, and even physical collapse. An amphetamine injection creates a sudden increase in blood pressure that can result in stroke, very high fever, or heart failure.

In addition to the physical effects, users report feeling restless, anxious, and moody. Higher doses intensify the effects. Persons who use large amounts of amphetamines over a long period of time can develop an amphetamine psychosis that includes hallucinations, delusions, and paranoia. These symptoms usually disappear when drug use ceases.

Type	What is it called?	What does it look like?	How it is used?
Amphetamines	Speed	Capsules	Taken orally
	Uppers	Pills	Injected
	Ups	Tablets	Inhaled through nasal passages
	Black beauties		
	Pep pills		
	Copilots		
	Bumblebees		
	Hearts		
	Benzedrine		
	Dexedrine		
	Footballs		
	Biphetamine		
Methamphetamines	Crank	White powder	Taken orally
	Crystal meth	Pills	Injected
	Crystal methedrine	A rock that resembles a block of paraffin	Inhaled through nasal passages
	Speed		
Additional stimulants	Ritalin	Pills	Taken orally
	Cylert	Capsules	Injected
	Preludin	Tablets	
	Didrex		
	Pre-State		
	Voranil		
	Tenuate		
	Tepanil		
	Pondimin		
	Sandrex		
	Plegine		
	Ionamin		

Depressants

The effects of depressants are in many ways similar to the effects of alcohol. Small amounts can produce calmness and relaxed muscles, but somewhat larger doses can cause slurred speech, staggering gait, and altered perception. Very large doses can cause respiratory depression, coma, and death. The combination of depressants and alcohol can multiply the effects of the drugs, thereby multiplying the risks.

The use of depressants can cause both physical and psychological dependence. Regular use over time may result in a tolerance to the drug, leading the user to increase the quantity consumed. When regular users suddenly stop taking large doses, they may develop withdrawal symptoms ranging from restlessness, insomnia, and anxiety to convulsions and death.

Babies born to mothers who abuse depressants during pregnancy may be physically dependent on the drugs and show withdrawal symptoms shortly after they are born. Birth defects and behavioral problems also may result.

Type	What is it called?	What does it look like?	How it is used?
Barbiturates	Downers Barbs Blue devils Red devils Yellow jacket Yellows Nembutal Seconal Amytal Tuinals	Red, yellow, and blue capsules, or red and blue capsules	Taken orally
Methaqualone	Quaaludes Ludes Sopors	Tablets	Taken orally
Tranquilizers	Valium Librium Equanil Miltown Serax Tranxene	Tablets Capsules	Taken orally

Effects of Hallucinogens

Phencyclidine (PCP) interrupts the functions of the neocortex, the section of the brain that controls the intellect and keeps instincts in check. Because the drug blocks pain receptors, violent PCP episodes may result in self-inflicted injuries. The effects of PCP vary, but users frequently report a sense of distance and estrangement. Time and body movement are slowed down. Muscular coordination worsens and senses are dulled. Speech is blocked and incoherent.

Chronic users of PCP report persistent memory problems and speech difficulties. Some of these effects may last 6 months to a year following prolonged daily use. Mood disorders—depression, anxiety, and violent behavior—also occur. In later stages of chronic use, users often exhibit paranoid and violent behavior and experience hallucinations.

Large doses may produce convulsions and coma, as well as heart and lung failure.

Lysergic acid (LSD), mescaline, and psilocybin cause illusions and hallucinations. The physical effects may include dilated pupils, elevated body temperature, increased heart rate and blood pressure, loss of appetite, sleeplessness, and tremors.

Sensations and feelings may change rapidly. It is common to have a bad psychological reaction to LSD, mescaline, and psilocybin. The user may experience panic, confusion, suspicion, anxiety, and loss of control. Delayed effects, or flashbacks, can occur even after use has ceased.

Type	What is it called?	What does it look like?	How it is used?
Phencyclidine	PCP Angel dust Loveboat Lovely Hog Killer week	Liquid Capsules White crystalline powder Pills	Taken orally Injected Smoked—can be sprayed on cigarettes, parsley, and marijuana
Lysergic acid diethylamide	LSD Acid Green or red dragon White lightning Blue heaven Sugar cubes Microdot	Brightly colored tablets Impregnated blotter paper Thin squares of gelatin Clear liquid	Taken orally Licked off paper Gelatin and liquid can be put in the eyes
Mescaline and Peyote	Mesc Buttons Cactus	Hard brown discs Tablets Capsules	Discs—chewed, swallowed, or smoked Tablets and capsules—taken orally
Psilocybin	Magic mushrooms 'shrooms	Fresh or dried mushrooms	Chewed and swallowed

Narcotics

Narcotics initially produce a feeling of euphoria that is often followed by drowsiness, nausea, and vomiting. Users also may experience constricted pupils, watery eyes, and itching. An overdose may produce slow and shallow breathing, clammy skin, convulsions, coma, and possible death.

Tolerance to narcotics develops rapidly and dependence is likely. The use of contaminated syringes may result in diseases such as AIDS, endocarditis, and hepatitis. Addiction in pregnant women can lead to premature, stillborn, or addicted infants who experience severe withdrawal symptoms.

Type	What is it called?	What does it look like?	How is it used?
Heroin	Smack Horse Brown sugar Junk Mud Big H Black Tar	Powder, white to dark brown Tarlike substance	Injected Inhaled through nasal passages Smoked
Methadone	Dolophine Methadose Amidone	Solution	Taken orally Injected
Codeine	Empirin compound with codeine Tylenol with codeine Codeine Codeine in cough medicines	Dark liquid varying in thickness Capsules Tablets	Taken orally Injected
Morphine	Pectoral syrup	White crystals Hypodermic tablets Injectable solutions	Injected Taken orally Smoked
Meperidine	Pethidine Demerol Mepergan	White powder Solution Tablets	Taken orally Injected
Opium	Paregoric Dover's powder Parepectolin	Dark brown chunks Powder	Smoked Eaten
Other narcotics	Percocet Percodan Tussionex Fentanyl Darvon Talwin Lomotil	Tablets Capsules Liquid	Taken orally Injected

Designer Drugs

Illegal drugs are defined in terms of their chemical formulas. To circumvent these legal restrictions, underground chemists modify the molecular structure of certain illegal drugs to produce analogs known as designer drugs. These drugs can be several hundred times stronger than the drugs they are designed to imitate.

Many of the so-called designer drugs are related to amphetamines and have mild stimulant properties but are mostly euphorants. They can produce severe neurochemical damage to the brain.

The narcotic analogs can cause symptoms such as those seen in Parkinson's disease: uncontrollable tremors, drooling, impaired speech, paralysis, and irreversible brain damage. Analogs of amphetamines and methamphetamines cause nausea, blurred vision, chills or sweating, and faintness. Psychological effects include anxiety, depression, and paranoia. As little as one dose can cause brain damage. The analogs of phencyclidine cause illusions, hallucinations, and impaired perception.

Type	What is it called?	What does it look like?	How it is used?
Analogs of Fentanyl (Narcotic)	Synthetic Heroin China White	White powder identically resembling heroin	Inhaled through nasal passages Injected
Analogs of Meperidine (Narcotic)	Synthetic Heroin MPTP (New Heroin) MPPP	White powder	Inhaled through nasal passages Injected
Analogs of Amphetamines and Methamphetamines (Hallucinogens)	MDMA (Ecstasy, XTC, Adam, Essence) MDM STP PMA 2, 5-DMA TMA DOM DOB EVE	White powder Tablets Capsules	Taken orally Injected Inhaled through nasal passages
Analogs of Phencyclidine (PCP)	PCPy PCE	White powder	Taken orally Injected Smoked

Technical Assistance on Workplace Substance Abuse Programs

The National Clearinghouse for Alcohol and Drug Information (NCADI) is a national resource for information on the latest research results, popular press and scholarly journal articles, videos, prevention curricula, print materials, program descriptions, and State-level contacts. (1-800-729-6686)

The Drug-Free Workplace Helpline is a toll-free service funded by the Federal Government's National Institute on Drug Abuse (NIDA) to provide individualized technical assistance to business, industry, and unions on the development and implementation of comprehensive drug-free workplace programs. (1-800-843-4971)

Coordinators from the Drug Enforcement Administration, the Federal Bureau of Investigation, and the Law Enforcement Coordinating Committee offer a variety of technical assistance services to employers on workplace substance abuse. Contact your local DEA, FBI, or U.S. Attorney's office to locate the nearest coordinator and ask what type of assistance they offer.

Drug-Free Workplace Act

The **contract and/or grant administration office** of the Federal department or agency awarding a contract or grant can answer questions about the provisions and requirements of the Drug-Free Workplace Act. **The Office of Management and Budget (OMB)** also answers questions concerning the provisions and requirements of the Drug-Free Workplace Act (grants: 202-395-3053; contracts: 202-395-3300).

Department of Transportation (DOT) Regulations

For specific information about compliance with the DOT drug abuse regulations, contact the Department of Transportation, Office of the Secretary, Drug Enforcement and Program Compliance, Room 10200, 400 Seventh Street, SW., Washington, DC 20590, or phone (202) 366-DRUG.

State and Local Resources

The National Association of State Alcohol and Drug Abuse Directors (NASADAD) coordinates and encourages cooperative efforts between the Federal Government and State agencies on substance abuse. NASADAD serves as a resource on State drug programs and can provide contacts in each State. (NASADAD, Drug-Free Workplace Project, 444 North Capitol Street, NW, Suite 642, Washington, DC 20001, 202-783-6868)

State Drug and Alcohol Programs offices exist across the country. To find your state's office, you can call your State government, consult your local phone directory, or contact NCADI and NASADAD, listed above.

Community Organizations are available to help with drug or alcohol problems. Check your local telephone directory under headings such as Alcohol/Drug Abuse Information, Treatment, or Counseling. Be sure to look in the blue pages (government listings and public service section), the yellow pages, and the community service section.

National Hotlines and Helplines

800 Cocaine is an information and referral hotline that refers callers to drug rehabilitation and counseling services in its area. 800 Cocaine also mails out basic information on cocaine and crack. (1-800-COCAINE)

The American Council on Alcoholism Helpline provides referrals to alcohol treatment programs nationwide and provides written materials. (1-800-527-5344)

The National Council on Alcoholism and Drug Dependency Helpline provides written information on alcohol abuse and provides a referral service to treatment and counseling centers across the country. (1-800-NCA-CALL)

The National Institute on Drug Abuse Hotline is a federally funded service providing referrals to drug and alcohol programs including referrals to programs for those who cannot pay for services. (1-800-662-HELP)

Alcoholics Anonymous (A.A.) provides information and support to recovering alcoholics through local chapters in communities nationwide. (212-686-1100)

Narcotics Anonymous (N.A.) provides information and support to recovering drug addicts through local chapters in communities nationwide. (818-780-3951)

Al-Anon provides information on alcoholism and alcohol abuse and refers callers to local Al-Anon support groups established to help friends and families of alcoholics. (For a brochure, call 1-800-356-9996; for local information consult your local telephone book.) **Nar-Anon** provides a similar service for friends and families of drug users. (213-547-5800)

For additional free copies of this booklet, write or call:

The National Clearinghouse for Alcohol and Drug Information

P.O. Box 2345

Rockville, MD 20852

(301) 468-2600 or 1-800-729-6686 toll-free